

## Volunteer Enrollment Form

### RSVP of Berks, Pike and Wayne Counties

*Please Print*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Physical/Medical Limitations: \_\_\_\_\_

**How did you hear about RSVP?** \_\_\_\_\_

**Volunteer Clearances Agreement** - Please Initial \_\_\_\_\_ I understand that every new volunteer will require a PA State Criminal History clearance before any placement is made. This ensures and maximizes the safety of volunteers and the clients served. I give my permission for such clearances to occur, or will provide my own. To obtain your own free volunteer background check, please go to: <https://epatch.state.pa.us/Home.jsp>. Please bring a copy of your certification to your volunteer orientation appointment.

Have you ever been convicted of a felony? Yes  No

**Emergency Contact:** \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

**Beneficiary for Supplemental Volunteer Accident Insurance:**  Check if same as Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**RSVP is often asked to provide demographical information pertaining to volunteers \*(Optional).**

\*Are you a Veteran? Y / N

\*Member of US Armed Forces? Y / N

\*Family active military? Y / N

\*Are you disabled? Y / N

\*Sex M/F

\*Gender \_\_\_\_\_

\*Do you identify as a member of LGBTQ? Y / N

\*Hispanic/Latino? Y / N

\*Race/Ethnic Background: \_\_\_\_\_

\* Please circle if applicable:

African American/Black

Asian/Asian American

Hispanic/Latino

Native American or Alaska Native

Native Hawaiian or Other Pacific Islander

Not Hispanic or Latino

Two or more races

White/Caucasian

Thank you for any information that you have provided.

Your information is never sold, shared, or used outside of AmeriCorps Seniors RSVP.

**Please check your area(s) of interest in serving:**

- |  |  |
|--|--|
| <input type="radio"/> Delivering Meals on Wheels               | <input type="radio"/> Salvation Army Honesdale Extension |
| <input type="radio"/> Assist at Food Pantry                    | <input type="radio"/> Berks Encore                       |
| <input type="radio"/> Assist at a Senior Center                | <input type="radio"/> Colebrookdale Railroad             |
| <input type="radio"/> Ombudsman                                | <input type="radio"/> Brandywine Library                 |
| <input type="radio"/> American Red Cross                       | <input type="radio"/> Boyertown Area Multi-Service       |
| <input type="radio"/> Friendly Caller                          | <input type="radio"/> Junior Achievement of SEPA         |
| <input type="radio"/> Family Promise of the Poconos            | <input type="radio"/> Miller Keystone Blood Center       |
| <input type="radio"/> PA Medi Medicare Insurance Counseling    | <input type="radio"/> Helping Harvest                    |
| <input type="radio"/> Ladore Camp, Retreat & Conference Center |  |

**Please check your availability:**

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Morning							
Afternoon							

**Interests/Hobbies/Work Experience/Volunteer Experience:**

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**If currently volunteering, please provide location** \_\_\_\_\_

**Volunteer Handbook Policies, Agreements and Certifications**

Active Volunteers, On Leave, Background Checks, Confidentiality, Volunteer Safety Policy, Use of Automobile, Photography Waiver, Code of Conduct, Drug Free Workplace Policy

\_\_\_\_ (Initial) I have read, understand, and agree to the above volunteer policies and certifications in the Volunteer Handbook.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for completing this application form and for your interest in volunteering with us.**

\*Please return completed form to your respective county's RSVP office.

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